

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552283

FILING DATE

Patent Practice  
National Stage Processing  
Patent Specialist  
(703) 305-6421

CLAIMS

|              | AS FILED |      | AFTER<br>1 <sup>ST</sup> AMENDMENT |      | AFTER<br>2 <sup>ND</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 1            |          |      |                                    |      |                                    |      |
| 2            |          |      |                                    |      |                                    |      |
| 3            |          |      |                                    |      |                                    |      |
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| 49           |          |      |                                    |      |                                    |      |
| 50           |          |      |                                    |      |                                    |      |
| TOTAL IND.   |          |      | ↓                                  |      | ↓                                  |      |
| TOTAL DEP.   |          |      | ↔                                  |      | ↔                                  |      |
| TOTAL CLAIMS |          |      | 16                                 |      | 18                                 |      |

|              | AS FILED |      | AFTER<br>1 <sup>ST</sup> AMENDMENT |      | AFTER<br>2 <sup>ND</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 51           |          |      |                                    |      |                                    |      |
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| 84           |          |      |                                    |      |                                    |      |
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| 88           |          |      |                                    |      |                                    |      |
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| 100          |          |      |                                    |      |                                    |      |
| TOTAL IND.   |          |      | ↓                                  |      | ↓                                  |      |
| TOTAL DEP.   |          |      | ↔                                  |      | ↔                                  |      |
| TOTAL CLAIMS |          |      | 16                                 |      | 18                                 |      |